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# California's Health

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## HOSPITALS FOR CALIFORNIA—STATE PLAN FOR 1958-1959

Since 1947, when the Hospital Survey and Construction Program, more commonly referred to as the Hill-Burton Act, came into being, California communities have received \$39,521,429 in federal funds and \$29,371,046 in state funds to build hospitals and related health facilities. One hundred forty-five projects in all parts of California have been assisted. The people of California have made an additional investment of more than \$400,000,000 in new hospitals during this period.

Each year, in administering the program, the California State Department of Public Health prepares a state plan to reflect changing conditions and relative need for hospitals and health facilities in all areas of the State. Policies under which the program is administered are established with the assistance and advice of the State Advisory Hospital Council after public hearings and extensive departmental studies.

*Hospitals for California*, a progress report of this department's activities in administering the program, has been sent to local health officers, hospital administrators, and others interested in the hospital construction program.

A resumé of this report is published each year in *California's Health*. Most of the space in this resumé is devoted to psychiatric hospitals and long-term care facilities, which are receiving especial attention this year.

### Psychiatric Hospitals

Interest in developing local short-term psychiatric facilities has increased rapidly during recent years

TABLE I—PSYCHIATRIC HOSPITAL SERVICE AREA PRIORITY DATA

California State Plan, 1958-1959						
Area center	Area number	Estimated population July 1, 1957	Total bed need	Existing acceptable beds	Percent need met	Priority position
California Total	---	13,600,000	7,038	2,478	---	---
Redding	1	95,100	48	0	0	1
Eureka	2	124,400	62	0	0	1
Chico	3	136,400	68	0	0	1
Santa Rosa	4	197,400	99	0	0	1
Napa	5	60,000	30	0	0	1
Marysville	6	67,700	34	0	0	1
San Rafael	8	121,900	61	0	0	1
San Jose	12	374,800	187	0	0	1
Vallejo	18	106,800	53	0	0	1
Stockton	19	258,400	129	0	0	1
Modesto	20	161,100	81	0	0	1
Merced	24	91,000	46	0	0	1
Visalia	26	173,000	87	0	0	1
Santa Barbara	28	114,100	57	0	0	1
San Bernardino	54	321,300	161	0	0	1
Brawley	61	67,900	34	0	0	1
Pomona	40	177,400	89	4	4	17
Sacramento	7	552,700	276	19	7	18
Lancaster	32	103,700	52	5	10	19
San Fernando	33	146,700	73	7	10	19
Van Nuys	34	328,500	164	16	10	19
Burbank	35	242,500	121	12	10	19
Inglewood	47	443,100	222	22	10	19
Torrance	48	188,600	94	9	10	19
Wilmington	49	145,800	73	7	10	19
Long Beach	50	434,200	217	21	10	19
La Jolla	56	150,000	75	7	10	19
Linda Vista	57	119,800	60	6	10	19
La Mesa	58	127,900	64	6	10	19
San Diego	59	277,600	139	14	10	19
Oakland	14	451,300	226	28	12	31
Salinas	22	142,600	71	9	13	32
Ventura	29	85,400	43	6	13	32
Oxnard	30	70,400	35	4	13	32
Bakersfield	31	238,200	119	17	14	35
San Mateo	10	220,300	110	16	15	36
Richmond	16	207,300	104	16	15	36
Riverside	55	233,300	117	19	16	38
Monterey	23	57,500	29	6	21	39
Concord	17	144,600	72	23	32	40
Fresno	25	385,300	193	61	32	40
San Luis Obispo	27	60,600	30	10	33	42
Newport Beach	51	140,500	70	23	33	42
Anaheim	52	171,700	86	28	33	42
Monrovia	38	191,500	96	35	36	45

(Continued on Page 194)

and it appears the interest will continue to increase, particularly in view of the development of local community mental health services under the Short-Doyle Act, which provides state financial support for psychiatric services. More precise planning objectives and data on relative need for psychiatric facilities have been under consideration for several years for administration of the Hospital Construction Program. In the past, planning for short-term psychiatric facilities has been based on an estimated need of 0.5 beds per 1,000 population within the 14 hospital regions; for long-term psychiatric facilities, 4.5 beds per 1,000 population on a statewide basis. In 1957-58, however, the council deferred allocation to psychiatric facilities because it was felt a more comprehensive method of determining priority sequence should be established. The department, with assistance and leadership from the State Department of Mental Hygiene, developed proposals for council consideration in January, 1958, to provide a state plan policy to complement the Short-Doyle Act through planning for short-term psychiatric programs in local committees in general hospitals.

In California, there are three general types of psychiatric services: (1) short-term diagnosis and holding, pending commitment to state hospitals or other institutions; (2) short-term diagnostic and treatment services; and (3) long-term care primarily in state hospitals and private institutions. In order to establish estimate of need, the types of facilities and services to be included or excluded from the planning objectives and inventory of facilities must be determined. One proposal considered by the council provided that psychiatric holding beds be counted in the inventory of short-term facilities for individual psychiatric hospital areas; an alternate proposal provided that holding beds be counted in the statewide inventory of long-term facilities.

A revision in the 1958-59 state plan establishes policies for psychiatric hospitals which provide planning objectives for long-term continuing care on a statewide basis and for short-term psychiatric facilities on the basis of 61 psychiatric hospital service areas. Determination of estimates of need for short-term psychiatric facil-

TABLE I—PSYCHIATRIC HOSPITAL SERVICE AREA PRIORITY DATA—Continued

Area center	Area number	Estimated population July 1, 1957	Total bed need	Existing acceptable beds	Percent need met	Priority position
Los Angeles	44	558,700	279	110	39	46
Glendale	36	239,500	120	60	50	47
Santa Cruz	21	69,900	35	18	51	48
San Francisco	9	741,900	371	197	53	49
Whittier	42	341,500	171	95	56	50
Lynwood	43	468,400	234	138	59	51
Santa Ana	53	183,000	92	60	65	52
Alhambra	41	152,200	76	64	84	53
Berkeley	15	135,400	68	60	88	54
Covina	39	218,800	109	101	93	55
Santa Monica	46	265,300	133	126	95	56
Palo Alto	11	263,100	172	172	100	57
Hayward	13	251,700	165	165	100	57
Pasadena	37	218,300	156	156	100	57
Beverly Hills	45	687,100	393	393	100	57
National City	60	94,900	107	107	100	57
<b>Summary</b>						
Existing short-term beds						2,478
Additional short-term beds needed						4,560
Existing long-term beds						42,279
Additional long-term beds needed						18,683
Total beds needed						68,000

TABLE II—LONG-TERM FACILITIES PRIORITY DATA

California State Plan, 1958-1959						
Area center	Area number	Estimated population July 1, 1957	Existing beds	Estimated bed need	Percent need met	Priority position
California total	--	13,600,000	20,818	8,121	42,095	49
Hoopla	6-R	5,000	0	0	15	0
Eureka	8-I	62,400	0	0	187	0
Mariposa	56-R	4,500	0	0	14	0
Coalinga	60-R	15,400	0	0	46	0
Bishop	71-R	10,000	0	0	30	0
Lone Pine	72-R	4,800	0	0	14	0
Redding	1-I	48,400	6	0	145	4
Scotia	9-R	25,600	6	0	77	8
Tracy	45-R	19,800	6	6	59	10
Garberville	10-R	13,800	5	5	41	12
Oxnard	68-R	70,400	29	14	211	14
Lancaster	74-R	54,500	23	23	104	14
Wilmington	91-R	145,800	61	61	437	14
Needles	100-R	9,400	4	4	28	14
Blythe	101-R	13,600	7	7	41	17
Indio	102-R	36,600	19	19	110	17
Los Banos	54-R	26,600	14	14	80	18
Fort Bragg	11-R	13,800	8	8	41	20
Ukiah	12-R	33,500	20	20	101	20
Ventura	67-R	85,400	51	17	256	20
Lynwood	85-R	468,400	281	196	1,405	20
Stockton	44-R	180,900	113	54	543	21
King City	53-R	18,700	12	12	56	21
Burbank	77-R	242,500	151	101	728	21
Escondido	103-R	31,600	21	21	95	22
Oceanside	104-R	47,900	32	32	144	22
Linda Vista	106-R	119,800	81	81	359	22
Whittier	84-R	341,500	232	143	1,025	23
Brawley	110-R	67,900	46	22	204	23
San Fernando	75-R	146,700	106	61	440	24
Fresno	58-R	249,600	187	0	749	25
Covina	81-R	218,800	166	91	656	25
Inglewood	89-R	443,100	350	185	1,320	26
Barstow	99-R	30,300	24	12	91	26
Torrance	90-R	188,600	159	79	566	28
San Rafael	32-R	121,900	106	0	366	29
Vallejo	42-R	106,800	93	66	320	29
Crescent City	7-R	17,600	16	16	53	30
Merced	55-R	59,900	56	40	180	31
Alhambra	83-R	152,200	142	64	457	31
Monterey	52-R	57,500	56	37	173	32

ities, including short-term holding beds pending commitment, is based on 0.5 beds per 1,000 population in each area. Priority for allocation of funds is based on relative need for additional acute psychiatric beds in the hospital service areas. Table I identifies each psychiatric hospital service area and lists its July 1, 1957, estimated population, existing hospital beds, and priority position.

#### Long-Term Care Facilities

Planning for chronic disease hospitals and nursing homes in California has recognized the interrelationship between all types of hospital service, particularly between chronic disease hospitals and nursing homes, but the planning in the past has established independent program objectives for each category. Planning for chronic disease hospitals has been based upon 1.2 beds per 1,000 population for the 14 general hospital regions of the State. Nursing homes have been planned on the basis of 1.8 beds per 1,000 population for each of the 110 hospital service areas in the State. These planning objectives for chronic disease hospitals and nursing homes establish a combined estimate of need of three beds per 1,000 population for long-term care.

The State Plan for 1958-59 provides for estimates of need based on three beds per 1,000 population in each of the 110 general hospital service areas for long-term care facilities. Priority for consideration of applications is based on percent of need met in each hospital service area. All applications for long-term care facilities are considered nursing home units, except projects which propose chronic disease hospital programs comparable with services which can be provided in general hospitals to provide complete rehabilitation programs for the chronically ill.

Based on a survey of six chronic disease hospitals assisted under the program, the council established policies that applications for chronic disease facilities would be required to demonstrate ability to establish and maintain complete rehabilitative services for patients suffering from chronic diseases. Continuing analysis of chronic disease and nursing home facilities supports the view that chronic disease facilities should be more closely

TABLE II—LONG-TERM FACILITIES PRIORITY DATA—Continued

Area center	Area number	Estimated population July 1, 1957	Existing beds Total	County*	Estimated bed need	Percent need met	Priority position
Dinuba	59-R	82,300	81	18	247	33	42
Mojave	73-R	34,400	35	35	103	34	43
Newport Beach	93-R	140,500	144	64	422	34	43
Santa Maria	65-R	36,600	39	30	110	35	45
Richmond	40-R	207,300	231	129	622	37	46
San Diego	108-R	277,600	310	188	833	37	46
Visalia	62-R	94,600	107	84	284	38	48
Mount Shasta	3-R	18,700	22	22	56	39	49
Yreka	4-R	12,000	14	14	36	39	49
Sacramento	28-R	417,400	483	344	1,252	39	49
Taft	70-R	22,200	26	26	67	39	49
Banning	98-R	43,000	50	22	129	39	49
Long Beach	92-I	434,200	526	182	1,303	40	54
Anaheim	94-R	171,700	211	78	515	41	55
Roseville	24-R	21,400	27	27	64	42	56
San Bernardino	96-R	281,600	353	111	845	42	56
Salinas	51-R	77,100	100	49	231	43	58
Van Nuys	76-R	328,500	445	137	986	45	59
Oroville	15-R	32,600	45	45	98	46	60
Marysville	22-R	56,000	81	60	168	48	61
Auburn	25-R	27,700	40	34	83	48	61
Santa Rosa	30-I	93,600	139	93	281	49	63
Modesto	46-R	146,200	215	78	439	49	63
Porterville	63-R	31,700	47	28	95	49	63
Concord	41-R	144,000	216	90	434	50	66
Los Angeles	86-B	558,700	861	234	1,676	51	67
Riverside	97-R	140,100	215	74	420	51	67
Hollister	50-R	46,800	73	19	140	52	69
Bakersfield	69-R	216,000	338	255	648	52	69
San Mateo	34-R	220,300	349	80	661	53	71
La Jolla	105-R	70,500	113	48	212	53	71
Pomona	82-R	177,400	286	72	532	54	73
Red Bluff	18-R	21,600	36	36	65	55	74
San Jose	36-R	374,800	622	25	1,124	55	74
Lodi	43-R	48,400	84	21	145	58	76
Glendale	78-I	239,500	426	100	719	59	77
Santa Monica	88-R	265,300	480	111	796	60	78
San Luis Obispo	64-R	60,600	111	70	182	61	79
Sonoma	48-R	14,900	28	22	45	62	80
Oakland	38-I	451,300	851	406	1,354	63	81
Berkeley	39-R	135,400	254	122	406	63	81
Petaluma	31-R	45,300	89	45	136	65	83
Beverly Hills	87-B	687,100	1,357	287	2,061	66	84
National City	109-R	94,900	194	64	285	68	85
San Francisco	33-B	741,900	1,531	991	2,226	69	86
Palo Alto	35-B	263,100	545	62	789	69	86
Santa Ana	95-I	183,000	381	83	549	69	86
Hanford	61-R	46,700	99	99	140	71	89
Santa Barbara	66-I	77,500	165	84	233	71	89
Lakeport	13-R	11,200	25	0	34	74	91
Colusa	20-R	11,700	26	26	35	74	91
Chico	14-R	39,100	91	54	117	78	93
Quincy	16-R	11,600	30	30	35	86	94
Woodland	21-R	37,000	96	79	111	86	94
Napa	29-R	60,000	155	29	180	86	94
Madera	57-R	38,000	98	98	114	86	94
La Mesa	107-R	127,900	343	86	384	89	98
Hayward	37-R	251,700	743	227	755	98	99
Alturas	2-R	9,000	31	31	31	100	100
Weaverville	5-R	7,000	32	0	32	100	100
Susanville	17-R	14,500	49	49	49	100	100
Willows	19-R	17,000	63	63	63	100	100
Nevada City	23-R	20,400	63	57	63	100	100
Placerville	26-R	19,900	77	73	77	100	100
Jackson	27-R	8,900	36	36	36	100	100
San Andreas	47-R	9,300	56	0	56	100	100
Santa Cruz	49-R	69,900	281	94	281	100	100
Pasadena	79-R	218,300	786	91	786	100	100
Monrovia	80-R	191,500	973	80	973	100	100
* Specialized facilities			600	0	600		

\* County beds are included in total existing beds. When a county includes two or more areas, beds in the county hospital are distributed among areas on the basis of population.

† Includes facilities for children, tuberculosis nursing homes, maternity homes, and establishments for handicapped persons.



integrated with general hospital programs and that nursing homes should be affiliated with general hospitals as related institutions providing limited services for long-term care. In estimating the total amount and type of care required for the chronically ill in hospitals and related medical institutions, it is anticipated that the general hospitals will provide an increasing proportion of the services needed for the special care of patients during a part of their long-term periods of care.

Statewide planning for long-term care facilities is based on the concept that all general hospital service areas should provide facilities for long-term care which are part of, or closely affiliated with, general hospitals. Effective programs for patients suffering from chronic diseases require specialized facilities and services, and it appears that intensified rehabilitative care for chronically ill patients constitutes an integral part and extension of general hospital services. Institutions which do not provide special technical services for diagnosis, treatment, and rehabilitation, are best described as nursing homes which supplement the services of general hospitals for patients with chronic illness who require long-term care.

Table II identifies each hospital service area and lists its July 1, 1957, estimated population, existing acceptable beds, and priority position.

Priority positions for general hospitals, health centers, diagnostic and treatment centers and tuberculosis hospitals were determined in much the same fashion as in previous years. Tables III and IV summarize priority data for general hospitals and health centers. For detailed information about these two categories, and about tuberculosis hospitals and diagnostic and treatment centers, see copies of *Hospitals for California*.

In this Country, about five billion man-days are lost each year through virus diseases. No other category of disease approaches this total in terms of human disability. Dr. Frank L. Horsfall, Jr., Rockefeller Institute for Medical Research.

There were 99,227 dentists in the United States in 1956, according to the American Dental Association.

TABLE III—GENERAL HOSPITAL SERVICE AREA PRIORITY DATA

		California State Plan, 1958-1959					
Area center	Area number	Estimated population July 1, 1957	Existing beds	Total County*	Estimated bed need	Percent need met	Priority position
California total.....	--	13,600,000	47,016	10,396	56,112	--	--
Hoopa.....	6-R	5,000	5	5	18	28	1
Oceanside.....	104-R	47,900	58	14	165	35	2
Susanville.....	17-R	14,500	18	0	44	41	3
Garberville.....	10-R	13,800	19	13	45	42	4
La Mesa.....	107-R	127,900	193	37	440	44	5
San Rafael.....	32-R	121,900	198	0	426	46	6
Lancaster.....	74-R	54,500	123	38	258	48	7
Hayward.....	37-R	251,700	437	104	890	49	8
San Jose.....	36-R	374,800	692	133	1,385	50	9
Covina.....	81-R	218,800	474	127	932	51	10
Hollister.....	50-R	46,800	85	34	165	52	11
Santa Ana.....	95-I	183,000	459	87	890	52	11
Needles.....	100-R	9,400	17	5	33	52	11
Blythe.....	101-R	13,600	32	8	59	54	14
Crescent City.....	7-R	17,600	51	0	92	55	15
Monrovia.....	80-R	191,500	341	111	620	55	15
Yreka.....	4-R	12,000	21	21	36	58	17
La Jolla.....	105-R	70,500	173	23	274	63	18
Inglewood.....	89-R	443,100	987	257	1,532	64	19
Weaverville.....	5-R	7,000	24	24	37	65	20
Bishop.....	71-R	10,000	31	0	48	65	20
Van Nuys.....	76-R	328,500	840	191	1,287	65	20
Ventura.....	67-R	85,400	192	106	290	66	23
Anaheim.....	94-R	171,700	457	64	697	66	23
King City.....	53-R	18,700	42	20	63	67	25
Lone Pine.....	72-R	4,800	18	0	27	67	25
Burbank.....	77-R	242,500	614	163	912	67	25
Fort Bragg.....	11-R	13,800	50	22	73	68	28
Richmond.....	40-R	207,300	447	107	654	68	28
San Diego.....	108-R	277,600	646	80	954	68	28
Santa Rosa.....	30-I	93,600	274	96	394	70	31
Nevada City.....	23-R	20,400	94	43	128	73	32
Dinuba.....	59-R	82,300	218	85	290	75	33
Pomona.....	82-R	177,400	530	114	707	75	33
Chico.....	14-R	39,100	137	27	180	76	35
Quincy.....	16-R	11,600	53	0	70	76	35
Newport Beach.....	93-R	140,500	434	52	571	76	35
Oroville.....	15-R	32,600	101	20	132	77	38
Palo Alto.....	35-B	263,100	1,020	157	1,333	77	38
National City.....	109-R	94,900	252	28	326	77	38
Placerville.....	26-R	19,900	53	0	68	78	41
Concord.....	41-R	144,600	388	82	498	78	41
Whittier.....	84-R	341,500	943	198	1,214	78	41
Willows.....	19-R	17,000	42	42	53	79	44
Santa Cruz.....	49-R	69,900	232	72	293	79	44
Petaluma.....	31-R	45,300	122	36	152	80	46
Barstow.....	99-R	30,300	85	16	106	80	46
Mount Shasta.....	3-R	18,700	81	57	99	82	48
Roseville.....	24-R	21,400	70	28	85	82	48
Lynwood.....	85-R	468,400	1,192	272	1,449	82	48
Hanford.....	61-R	46,700	180	129	216	83	51
San Fernando.....	75-R	146,700	473	85	569	83	51
Santa Monica.....	88-R	265,300	726	154	880	83	51
Porterville.....	63-R	31,700	82	22	98	84	54
Bakersfield.....	69-R	216,000	583	221	692	84	54
Woodland.....	21-R	37,000	121	57	143	85	56
Stockton.....	44-R	180,900	513	245	604	85	56
Eureka.....	8-I	62,400	352	121	408	86	58
Mojave.....	73-R	34,400	149	51	173	86	58
San Mateo.....	34-R	220,300	669	95	765	87	60
Oxnard.....	68-R	70,400	207	87	239	87	60
Wilmington.....	91-R	145,800	433	84	496	87	60
Auburn.....	25-R	27,700	77	28	88	88	63
Lodi.....	43-R	48,400	156	69	177	88	63
Merced.....	55-R	59,900	170	89	194	88	63
Linda Vista.....	106-R	119,800	361	35	411	88	63
Madera.....	57-R	38,000	102	54	114	89	67
Oakland.....	38-I	451,300	1,589	241	1,759	90	68
Monterey.....	52-R	57,500	196	69	218	90	68
Sacramento.....	28-R	417,400	1,381	519	1,517	91	70
San Bernardino.....	96-R	281,600	1,027	177	1,133	91	70

## Public Health Positions

## Contra Costa County

**Assistant Health Officer:** Salary range, \$901 to \$1,082. Will direct school health and acute communicable disease programs. Requires license to practice medicine and either two years public health experience, or certification in an appropriate specialty, or MPH degree plus one year medical experience, or two years of post graduate study plus two years of medical experience.

**Public Health Nurse:** Salary range, \$414 to \$496. Requires RN and PHN certificate. Those who have completed requirements for the public health certificate may take the examination.

Apply Contra Costa County Civil Service Department, Box 710, Martinez.

## San Diego County

**Public Health Nurse:** Salary range, \$397 to \$483 (proposed). Possession of or eligibility for PHN certificate and California Health and Development Credential for school nursing required. For details write San Diego County Civil Service, Room 403, Civic Center, San Diego 1.

## Sutter-Yuba Counties

**Public Health Nurse:** Salary range, \$325 to \$395. Public Health Nursing certificate required. Write Leon M. Swift, M.D., Health Officer, Sutter-Yuba Health Department, 309 C Street, Marysville.

## CP Workshop Announced

A two-week workshop on problems in counseling and guidance of the cerebral palsied will be held at San Francisco State College from July 14 to July 25, 1958.

The course carries two units of credit and will cover medical, social, psychological, and occupational aspects of cerebral palsy in young adults; community services and their utilization, client-counselor team relationships; procedures in total assessment and prevocational evaluation; vocational choice, preparation, placement, and followup; the sheltered workshop and special therapies.

A bachelor's degree is required for admission. Those interested are invited to apply to Registrar, San Francisco State College, 1600 Holloway, San Francisco 27, California.

## NOTICE

ADVISORY HOSPITAL  
COUNCIL MEETING

POSTPONED TO  
AUGUST 11-12

TABLE III—GENERAL HOSPITAL SERVICE AREA PRIORITY DATA—Continued

Area center	Area number	Estimated	Estimated Percent				
		population July 1, 1957	Existing beds Total	bed need County*	need met	Priority position	
Banning	98-R	43,000	133	20	146	91	70
Marysville	22-R	56,000	162	32	176	92	73
Modesto	46-R	146,200	550	218	601	92	73
Salinas	51-R	77,100	264	89	283	93	75
Pasadena	79-R	218,300	779	158	839	93	75
Taft	70-R	22,200	73	25	78	94	77
Torrance	90-R	188,600	641	110	684	94	77
Riverside	97-R	140,100	448	66	475	94	77
Tracy	45-R	19,800	86	37	91	95	80
Alhambra	83-R	152,200	453	88	476	95	80
Redding	1-I	48,400	265	89	277	96	82
Indio	102-R	36,600	152	23	159	96	82
San Andreas	47-R	9,300	30	0	31	97	84
Glendale	78-I	239,500	959	185	986	97	84
Berkeley	39-R	135,400	466	65	476	98	86
Alturas	2-R	9,000	39	39	39	100	87
Scotia	9-R	25,600	95	24	95	100	87
Ukiah	12-R	33,500	143	35	143	100	87
Lakeport	13-R	11,200	45	0	45	100	87
Red Bluff	18-R	21,600	134	42	134	100	87
Colusa	20-R	11,700	64	64	64	100	87
Jackson	27-R	8,900	39	39	39	100	87
Napa	29-R	60,000	222	0	222	100	87
San Francisco	33-B	741,900	5,062	694	5,062	100	87
Vallejo	42-R	106,800	359	56	359	100	87
Sonora	48-R	14,900	113	34	113	100	87
Los Banos	54-R	26,600	97	36	97	100	87
Mariposa	56-R	4,500	24	0	24	100	87
Fresno	58-R	249,600	804	250	807	100	87
Coalinga	60-R	15,400	55	15	55	100	87
Visalia	62-R	94,600	330	67	330	100	87
San Luis Obispo	64-R	60,600	227	127	227	100	87
Santa Maria	65-R	36,600	160	24	160	100	87
Santa Barbara	66-I	77,500	433	73	433	100	87
Los Angeles	86-B	558,700	3,562	721	3,562	100	87
Beverly Hills	87-B	687,100	3,250	579	3,250	100	87
Long Beach	92-I	434,200	2,333	357	2,333	100	87
Escondido	103-R	31,600	141	10	141	100	87
Brawley	110-R	67,900	212	54	212	100	87

\* County beds are included in total existing beds. When a county includes two or more areas, beds in the county hospital are distributed among areas on the basis of total bed need for each area.

TABLE IV—PRIORITY GROUPS FOR PUBLIC HEALTH JURISDICTIONS

California State Plan, 1958-1959

Health jurisdiction	Population July 1, 1957	Estimated total space needed in health jurisdiction (sq. ft.)	Existing acceptable space in primary centers (sq. ft.)	Percent of need met	Priority group
Total	13,933,800	1,404,452	741,297	52	
Alameda County (Alameda City District)	73,900*	8,868	0	0	
Alpine-Mono Counties	3,000	2,600	0	0	
Colusa County	11,900	2,600	0	0	
Imperial County	69,900	8,528	0	0	
Los Angeles County (Inglewood District)	260,800	25,819	0	0	
Mariposa County	4,500	468	0	0	
Mendocino County	55,500	6,993	0	0	A
Nevada County	18,200	2,600	0	0	
Plumas County	11,700	2,600	0	0	
Sutter-Yuba Counties	57,000	7,182	0	0	
Trinity County	7,900	2,600	0	0	
Los Angeles City (Valley District)	623,200	61,074	0	0	
Los Angeles County (Whittier District)	182,300	18,595	0	0	
Riverside County	241,300	24,130	2,983	12	
San Bernardino City	87,000	10,092	1,254	12	
Humboldt-Del Norte Counties	118,400	12,787	1,618	13	
Modoc County	9,000	2,600	400	15	

(Continued on Page 198)

## Director Continues Consultation To Guatemala, Costa Rica

Malcolm H. Merrill, M.D., State Director of Public Health, will return to Central America this month to continue his consultative work in nutrition. Dr. Merrill is serving as a member of the Technical Advisory Committee in Nutrition in Guatemala and will attend the 1958 meeting of the Advisory Committee. While in Central America Dr. Merrill will also visit Costa Rica to study the progress being made by that country. He will return to California July 24.

## CB Deputy Chief Named

Dr. Katherine Bain has been appointed Deputy Chief of the Children's Bureau, U. S. Department of Health, Education, and Welfare. She will assist Mrs. Katherine Oettinger, Bureau Chief, in initiating and formulating broad program emphases, policies and positions on matters effecting children and child life.

Dr. Bain, a long-time member of the Children's Bureau staff and a former practicing pediatrician, succeeds Mrs. Elizabeth Healy Ross, who resigned last November.



—Los Angeles City Health Department, photo by Soibelman

Los Angeles' top city officials, business leaders, and public health workers turned out recently for a luncheon honoring the city health department for its winning of the annual Crumline Award. (See June 15, 1958, issue of *California's Health*.)

Shown here receiving the award are (left to right): Dr. George M. Uhl, City Health Officer; City Councilman Edward R. Roybal, Chairman of the Council's Public Health Committee; Health Commissioner Arthur J. Rendon, A. I. A. Robert E. Mytinger, Secretary of the Public Health Committee of the Paper Cup and Container Institute, which sponsors the award, makes the presentation.

TABLE IV—PRIORITY GROUPS FOR PUBLIC HEALTH JURISDICTIONS—Continued

Health jurisdiction	Population July 1, 1957	Estimated total space needed in health juris- diction (sq. ft.)	Existing acceptable space in primary centers (sq. ft.)	Percent of need met	Priority group
Los Angeles City (West District)	329,100	32,252	4,800	15	B
Yolo County	56,400	7,106	1,045	15	
Merced County	86,900	10,080	1,719	17	
Sonoma County	140,800	14,925	4,000	27	
Monterey County	182,900	18,656	5,349	29	
Butte County	72,500	8,845	2,685	30	C
Santa Barbara City	52,000	6,656	2,000	30	
Los Angeles County (Pomona District)	238,400	23,840	7,900	33	
El Dorado County	20,100	2,600	928	36	
Sierra County	2,400	2,600	1,000	38	
Pasadena City	119,300	12,884	4,989	39	D
Sacramento County	427,100	41,856	16,600	40	
San Bernardino County	306,500	30,037	12,000	40	
Los Angeles County (Torrance District)	246,800	24,680	9,989	40	
Marin County	128,800	13,782	5,700	41	
San Joaquin Health District	238,400	23,840	10,000	42	E
Los Angeles County (Bellflower District)	190,700	19,451	8,584	44	
Contra Costa County	356,700	34,957	15,800	45	
Los Angeles County (Monrovia District)	151,400	15,897	7,093	45	
Los Angeles City (Watts District)	137,700	14,956	6,500	45	
Los Angeles County (San Antonio District)	288,900	28,312	13,127	46	F
Napa County	60,700	7,648	3,600	47	
Stanislaus County	147,900	15,530	7,251	47	
Placer County	49,600	6,349	3,075	48	
San Mateo County	377,800	37,024	17,920	48	
Santa Clara County	395,900	38,708	20,555	53	G
Los Angeles County (El Monte District)	154,300	16,202	9,298	57	
San Francisco City and County	776,000	76,048	43,193	57	
Los Angeles County (Glendale District)	240,600	24,960	14,420	58	
Los Angeles City (Southwest District)	261,400	25,879	15,003	58	
Los Angeles City (Northeast District)	238,100	23,810	14,500	61	H
Los Angeles County (Santa Monica District)	168,300	17,335	10,651	61	
Los Angeles County (Compton District)	215,900	21,806	13,432	62	
Fresno County	333,600	32,693	20,550	63	
Alameda County (Oakland City District)	405,500	39,739	25,064	63	
Los Angeles County (San Fernando District)	86,900 <sup>a</sup>	10,080	6,462	64	I
Los Angeles City (Central District)	228,800	23,109	15,000	65	
Santa Barbara County	64,000	7,936	5,400	68	
San Diego County	900,400	88,239	63,330	72	
Los Angeles County (Alhambra District)	230,000	23,000	17,100	74	
Orange County	511,400	50,117	37,250	74	H
Solano County	117,200	12,658	9,355	74	
Los Angeles City (Hollywood-Wilshire District)	303,500	29,743	22,727	76	
Tulare County	148,300	15,572	11,783	76	
Ventura County	163,200	16,973	12,818	76	
Berkeley City	116,500	12,582	10,000	79	I
San Luis Obispo County	61,300	7,724	6,430	83	
Shasta County	49,000	6,272	5,200	83	
San Jose City	130,800	13,996	11,751	84	
Alameda County (Southern District)	259,600	25,700	22,179	86	

(Continued on Page 200)



## Santa Cruz Dedicates New Health Center



Santa Cruz's new health center was officially dedicated June 11th in special ceremonies followed by an open house and a four-day health fair. The newly completed building is the first health center in California with specially designed facilities for a community mental health program and geriatric screening clinic.

The \$283,000 aluminum, stucco and glass structure is located on the county hospital grounds and provides 8,900 square feet of floor space. The county appropriated \$121,000 of the total cost, with state and federal Hill-Burton funds amounting to \$162,000.

Design features of the building are an interior patio 25 by 40 feet and a soundproof consultation room for use by mental health program personnel. The center also has complete dental and X-ray facilities.

The center is the central office for the health department, which serves a total population of about 72,000. There is a branch office in Watsonville.

The health fair was sponsored by 21 community agencies and included exhibits depicting health services in Santa Cruz County, films and slide showings in the multipurpose room, free chest X-rays, and conducted tours of the center. Each afternoon during the open house Santa Cruz's Senior Citizens presented a program of entertainment.

Perils of twins are pointed up in an Iowa study by M. Donnelly who found that fetal deaths among them were nearly three times as high, neonatal deaths six times as high, as for single births.—*Family Life*, October, 1957.

REPORTED CASES OF SELECTED NOTIFIABLE DISEASES  
California, Month of May, 1958

Disease	Cases reported this month			Total cases reported to date		
	1958	1957	1956	1958	1957	1956
Amebiasis	120	150	73	682	816	309
Anthrax	—	—	—	—	—	—
Botulism	—	—	—	—	—	—
Brucellosis	3	4	—	14	12	13
Chancroid	6	3	9	37	31	35
Cholera	—	—	—	—	—	—
Coccidioidomycosis	13	14	6	81	90	67
Conjunctivitis, acute infectious, of the newborn	—	1	2	9	2	5
Dengue	—	—	—	—	—	—
Diarrhea of the newborn	—	1	1	16	12	3
Diphtheria	2	—	3	5	4	15
Encephalitis, acute	29	54	60	183	201	230
Epilepsy	279	261	265	1,801	1,514	1,491
Food poisoning	80	48	357	388	287	613
Gonococcal infections	1,068	1,270	1,059	6,936	6,817	6,130
Granuloma inguinale	—	1	—	4	3	1
Hepatitis, infectious	139	155	140	871	839	872
Hepatitis, serum	5	4	7	44	43	42
Leprosy	4	1	1	7	9	3
Leptospirosis	—	—	—	2	—	2
Lymphogranuloma venereum	1	—	2	17	11	12
Malaria	5	2	2	7	9	10
Measles	6,955	7,171	5,918	24,377	44,667	21,883
Meningococcal infections	13	10	16	91	89	137
Mumps	2,152	2,557	4,063	11,270	12,565	24,381
Pertussis (whooping cough)	340	158	215	1,541	661	959
Plague	—	—	—	—	—	—
Poliomyelitis—Total	17	36	81	64	165	523
Paralytic	10	17	55	37	88	362
Nonparalytic	7	19	26	27	81	161
Psittacosis	4	3	2	12	16	14
Q fever	3	4	3	7	16	20
Rabies, animal	15	24	21	79	67	168
Rabies, human	—	—	—	—	1	—
Relapsing fever	—	—	—	—	—	—
Rheumatic fever	8	15	6	66	70	76
Rocky Mountain spotted fever	—	—	—	—	—	1
Salmonellosis	70	53	112	329	386	515
Shigellosis	116	112	110	401	523	696
Smallpox	—	—	—	—	—	—
Streptococcal infections (including scarlet fever)	1,163	813	477	6,223	5,075	3,127
Syphilis	470 <sup>a</sup>	433	528	2,748 <sup>b</sup>	2,534	2,670
Tetanus	3	3	1	13	11	13
Trachoma	—	79	—	1	80	3
Trichinosis	—	1	—	1	1	5
Tuberculosis	519	508	— <sup>c</sup>	2,881	2,999	— <sup>c</sup>
Tularemia	1	—	—	2	1	1
Typhoid fever	4	5	9	24	22	40
Typhus fever, endemic	—	—	—	1	1	2
Typhus fever, epidemic	—	—	—	—	—	—
Yellow fever	—	—	—	—	—	—

<sup>a</sup> Excludes 1,303 cases found positive by special serologic survey (Mexican National farm workers at Border Reception Center, El Centro).

<sup>b</sup> Excludes 2,956 cases found positive by special serologic survey (Mexican National farm workers at Border Reception Center, El Centro).

<sup>c</sup> 1956 data not comparable.

On any given day, one in every seven men and women aged 65 or more is disabled.—*National Health Education Committee, Inc.*

Nineteen fifty-seven was the seventh successive year that the total number of live births increased. *The Registrar*, January, 1958.

More than \$2,000,000 a year is spent in Los Angeles handling intoxication arrests.—*California Alcoholism Review*, January-February, 1958

Inert dusts effective in controlling termites have been found by entomologists.—*U. C. Clip Sheet*, January 7, 1958.

(Continued from Page 198)

TABLE IV—PRIORITY GROUPS FOR PUBLIC HEALTH JURISDICTIONS—Continued  
California State Plan, 1958-1959

Health jurisdiction	Population July 1, 1957	Estimated total space needed in health juris- diction (sq. ft.)	Existing acceptable space in primary centers (sq. ft.)	Percent of need met	Priority group
Kings County -----	47,200	6,042	5,518	91	
Kern County -----	273,400	26,793	24,950	93	
Inyo County -----	---	---	---	100	
Long Beach City -----	309,100	30,292	33,000	100	
Los Angeles City (Harbor District) -----	102,700	11,194	14,585	100	
Los Angeles City (Southeast District) -----	109,700	11,957	26,431	100	J
Los Angeles County (East Los Angeles District) -----	140,200	14,861	18,600	100	
Madera County -----	38,400	4,570	6,250	100	
San Benito County -----	15,500	2,600	3,094	100	
Santa Cruz County -----	70,700	8,625	8,900	100	

\* Population under 100,000 cannot be considered for priority purposes.

SOURCE: State of California, Department of Finance. Population estimates prepared December, 1957.

### The Resistant Housefly Chalks Up One More

It may not be long before the only effective "insecticide" left for us will be a fly-swatter, since the common housefly is reported to be displaying a growing ability to resist still another insecticide. Its latest conquest is malathion, one of the most widely used insecticides.

Reports of resistance in California and elsewhere do not mean that the materials commonly used will fail to kill flies in every area of the State this year, according to the University of California Agriculture Extension Service. Good management practices remain the most effective control measure, they add.

Piles of grass clippings, uncovered garbage, fruit and vegetable residues, pet droppings, manure, wet feed—all these are favorable fly breeding places. Thorough cleanup of these materials should be the main method of attack.

The use of chemicals should be considered as supplemental to good sanitation practices and used mainly to control flies that are missed in the cleanup of breeding materials, the service emphasizes.

In the United States, 1,532 communities are receiving fluoridated water. The population served is 32,319,603.—A.D.A. Newsletter, Oct. 1, 1957

### Health Officer Changes

Charles W. Folsom, M.D., has been appointed health officer of Tulare County, succeeding Elmo R. Zumwalt, M.D. The appointment was effective June 2, 1958.

The newly incorporated City of Pico Rivera will receive health services from the Los Angeles County Health Department, Roy O. Gilbert, M.D., Health Officer.

GOODWIN J. KNIGHT, Governor  
MALCOLM H. MERRILL, M.D., M.P.H.  
State Director of Public Health

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